

FILED DEC 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40103

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>208</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Audrain</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Mexico</u>		c. LENGTH OF STAY (in this place) <u>15 hrs.</u>		a. STATE <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, SAITRIVER</u>		d. STREET ADDRESS (If rural, give location) <u>#5 MEXICO</u>		b. COUNTY <u>Audrain</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>#5 MEXICO</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Wilma</u>		b. (Middle) <u>LEWINGTON</u>		c. (Last) <u>RUTTER</u>		6. DATE OF DEATH (Month) (Day) (Year) <u>December 13, 1949</u>	
(Type or Print)							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAR. 31, 1919</u>	
9. AGE (in years last birthday) <u>30</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Codomoith, Ill.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>J. Neidwingson</u>		13b. MOTHER'S MAIDEN NAME <u>BERTHA GLOVER</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Rutter Jr.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>L. L. Rutter Jr. Mexico, Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>15 hours</u>	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Severe burn - entire body</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Oil stove explosion</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mexico Audrain Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-12-1949 3p</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Oil Stove explosion</u>			
22. I hereby certify that I attended the deceased from <u>12-12, 1949</u> , to <u>12-13, 1949</u> , that I last saw the deceased alive on <u>12-13, 1949</u> , and that death occurred at <u>7 1/2 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. S. Williams M.D.</u>				23b. ADDRESS <u>Mexico Mo</u>		23c. DATE SIGNED <u>12-13-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 14, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 14-1949</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tal S. Pugh</u>		ADDRESS <u>Mexico, Mo.</u>	

RECEIVED
District Health Officer No.
District File Number ¹²⁻⁴⁹⁻
Date Filed

DEC 20 1948

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Ralph L. Hunt*

Licensed Embalmer No. 4687

P. O. Address Mexico, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.